PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450 Alexandria, Virginia 22313-1450

or Fax (571)-273-2885

| INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 5 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications. | | | | | | | | | | | | |
|--|---|---|---|----------------------------------|-----------------------|---|-----------|--------------------|-------------------------|---------|--------------------------|--|
| CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address) 23971 7590 10/30/2006 | | | | | | Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission. | | | | | | |
| BENNETT JON C/O MS ROSEA 4500 BANKERS | 1 0 2007 | Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below. | | | | | | | | | | |
| 855 - 2ND STRI CALGARY, AB | | | | | | | | (Depositor's name) | | | | |
| CALGART, AB | DEMARK OF | | | | | | | (Signature) | | | | |
| | | | | | | | | (Date) | | | | |
| APPLICATION NO. | FILING DATE | | | FIRST NAMED INVEN | R ATTORNEY DOCKET NO. | | | CC | CONFIRMATION NO. | | | |
| 10/710,803 | 08/04/2004 | | | Rixford Smith | | | | 50126-8 4802 | | | | |
| TITLE OF INVENTION: GUN BARREL FOR LAUNCHING PROJECTILES | | | | | | | | | | | | |
| APPLN. TYPE | SMALL ENTITY | MALL ENTITY ISSUE FEE DUE | | PUBLICATION FEE D | | PREV. PAID ISSUE | | FEE | TOTAL FEE(S) DUE | | DATE DUE | |
| nonprovisional | YES | YES | | \$300 | | \$0 | | | \$1000 | | 01/30/2007 | |
| EXAMINER ART UNIT | | | ART UNIT . | CLASS-SUBCLASS | s | | | | | | | |
| HAYES, | 3641 | 089-016000 | | | | | | | | | | |
| 1. Change of corresponde CFR 1.363). Change of corresponderes form PTO/SB "Fee Address" indi | Correspondence | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to | | | | | | | | | | |
| PTO/SB/47; Rev 03-03 Number is required. | 2 registered patent attorneys or agents. If no name is listed, no name will be printed. | | | | | | | | | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignment is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment in 1/11/20197 MAHIED2 00000035 10710803 (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) PLEASE VE A-CADEMY INC. CALGARY, CHEMING ARM 2000000000000000000000000000000000000 | | | | | | | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government Group of the patent Group of the | | | | | | | | | | | · | |
| | | | | | | | | | | | | |
| 4a. The following fee(s) a Issue Fee Publication Fee (N Advance Order - # | o small entity discount p | Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 02-2057 (enclose an extra copy of this form). | | | | | | | | | | |
| 5. Change in Entity Status (from status indicated above) \[\begin{align*} \text{ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. \\ \text{ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).} \end{align*} | | | | | | | | | | | | |
| NOTE: The Issue Fee and interest as shown by the r | Publication Fee (if requeed of the United Sta | uired) v tes Pat | will not be accepted ent and Trademark | d from anyone other t Office. | han ti | ne applican | t; a regi | stered a | attorney or agent; or | the ass | signee or other party in | |
| Authorized Signature | | | | | | RY 9, | 20 | <u>°7</u> | | | | |
| Typed or printed name F. ROBERT IRANI Registration No. 55,295 | | | | | | | | | | | | |
| This collection of informa | tion is required by 37 C | FR 1.3 | II. The information | on is required to obtain | n or n | etain a bene | efit by t | ne publ | ic which is to file (ar | id by t | he USPTO to process) | |

an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.